

POSITION	INITIALS	ID NO.	DATE
	<i>HS</i>		<i>04/28/10</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>8</i>	<i>5-2-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>TAP</i>	<i>1110</i>	<i>5-29-01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
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3/6/02
12/09/01
1/01/02